FILING DEADLINE:		

EXAMINATION DATE:		

# APPLICATION FOR ADMISSION TO A TAX ASSESSOR CERTIFICATION EXAM

(P.L. 1967, C.44)
STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF TAXATION
Property Administration, PO Box 251, Trenton, NJ 08695-0251

A check or money order for \$10 payable to the State Treasurer must accompany this application. THE APPLICATION FEE IS NOT REFUNDABLE.

This application must be filed with the Division of Taxation not less than thirty (30) days prior to the announced date of the exam.

Applicant's Name:		
Mr. Ms. circle one First Name Middle	Name Last Name	Social Security Number
Home Address: Street	City	State Zip Code
	•	State Zip Code
County:	iviuriicipaiity	
Telephone Number: Home:	Business:	
E-Mail Address:	Fax Number:	
1. Date and place of birth:/	City	State Country
2. Are you a citizen of the United States of America?	□Yes □No	
A. If yes:	. Born Na	aturalized
B. If a naturalized citizen, state when and where natur	alized and enclose copy of your Na	aturalization Certificate:
3. Do you have any physical or mental disability?	Yes No	
If yes, describe briefly:		
4. Give names, addresses and telephone numbers of two p	persons unrelated to you who will fu	rnish references as to your moral character:
A		
В		
5. Have you ever been convicted of any crime?	□Yes □No	
If yes, provide details of each conviction; give the date,	nature of crime, court in which conv	viction was entered and sentence imposed:
6. High School Education (See Instruction Number 6)		
A. Name and location of last high school attended:		
		FOR OFFICIAL USE ONLY
B. Did you graduate?	□Yes □No	D
Year graduated (diploma issued):		By: Date:

	ii tile allower to Question o	B is no, do you possess a State	e High Sc	noor Diploma (GED) approved by the	e State Commission of
	Education?		Yes	$\square$ No	
	State in which issued:			Date of issue:	
	Enclose copy of your High S	School Equivalency Diploma (GEI	D)		
Pro ful	llege Education (See Instruct oof of college education must -time experience in real estat academic record.	accompany this application. All a	applicants n property	must complete this section whether o tax assessment work. Enclose copy of	or not the applicant ha of diploma or transcrip
A.	Name and location of colleg	e or university and dates of atten	idance:		
	College or University	<u>Location</u>		From ( <u>month, year</u> )	To ( <u>month, year)</u>
В.	Did you graduate?	□Yes	□No	Degree(s)attained:	
rec	ent position, state name of er	nployer, dates of employment, ar	nd exact na	rience in property tax assessment wature of duties performed.	•
Та	xing District or Firm	Address of Taxing District or Firm		From ( <u>month, year</u> )	To ( <u>month, year</u>
	o of position				
Tit					
	·				
	·				
Du	·			From ( <u>month, year</u> )	To (month, year
Du Ta	xing District or Firm  of position:	Address of		( <u>month, year</u> )	To (month, year

Taxing District Add or Firm Taxing D		s of ict or Firm	From ( <u>month, year</u> )	To ( <u>month, year</u> )
Title of position:				
Duties:				
9. I have satisfactorily com	unlated and received a certific	ate for the training cour	ses designated below (see Instruc	tion Number 9):
C. Thave satisfactority cont	Location	ato for the training ocur	Instructor	Year
Property Tax Administration,	Part 1			<del>-</del>
Property Tax Administration,	Part 2			
IAAO Course I, Fundamenta	l			
IAAO Course 2, Income				
County Tax Administration				
Real Property Appraisal I				
Real Property Appraisal II				
Other (Organization/Course	Name)			
<b>10.</b> Have you previously <u>ap</u> (whether or not you too	oplied to take the Tax Assesson k the examination)	r Certificate examinatio	on?	
	NOTICE OF CONTINUING	EDUCATION REQUIR	EMENTS FOR ASSESSORS	
must complete continuing enfive-year period, the law requ	ducation requirements of fifty uires renewal every three yea	(50) continuing educa	will expire in <i>five years</i> . To mainta tion credit hours over a five-year sors have obtained continuing edunutes of classroom or lecture time.	period. Beyond the initia
	AFFI	DAVIT BY APPL	ICANT	
STATE OF	)			
	) SS.			
COUNTY	)			
	(1)		, of full age, being duly sworn acco	ording to law, upon his
	(Name of Applicant)			
•			ne foregoing application are true in	all respects.
Subscribed and sworn to be	fore me this	day of	, 20 .	
(Signature of Officer A	administering Oath)		(Signature of Appl	icant)
(Title of Such	Officer)			

# INSTRUCTIONS FOR COMPLETING AND FILING FORM AC-1 (rev. 6-2002) APPLICATION FOR ADMISSION TO AN EXAMINATION FOR A TAX ASSESSOR CERTIFICATE (P.L. 1967, C. 44)

## WHO MAY FILE AN APPLICATION

- Any person, whether or not engaged in property tax assessment work, who satisfies the requirements listed below may file an application.
  - a. Applicant must be a citizen of the United States;
  - b. Applicant must be at least 21 years of age;
  - c. Applicant must be of good moral character, of good health and free from disabling physical and mental defects;
  - d. Applicant must have obtained a certificate or diploma issued after at least four years of study in an approved secondary school, or have received an academic education considered and accepted by the Commissioner of Education as fully equivalent;
  - e. Applicant must have graduated from a four-year course at a college of recognized standing, but for this requirement applicant may substitute full-time experience in real estate appraisal work or experience in property tax assessment work on a year-for-year basis.

#### **HOW TO FILE**

2. You must complete one copy of the application that has been signed and notarized. You must answer all questions completely. Attach a check or money order in the sum of \$10 payable to the State Treasurer. Do not send cash. Attach necessary proofs. The AC-1 shall not be deemed to be filed unless you properly completed the application and attach the required fee and proofs. Mail the completed application to:

DIVISION OF TAXATION PROPERTY ADMINISTRATION ATTENTION: ASSESSOR CERTIFICATION PO BOX 251 TRENTON, NJ 08695-0251

 Upon review of the application the Director of the Division of Taxation may require filing of additional statements and proofs.

### WHEN TO FILE

4. An application may be filed at any time; however, to be eligible for an examination, an application must be received at least thirty (30) days prior to the announced date of the examination. (Examinations are scheduled semi-annually, in March and September of each year.)

For further information, please call (609) 292-7813.

#### PROPER COMPLETION OF FORM AC-1 (rev. 6-2002)

#### 5. **Sections 1-5**

In **Sections 1-5**, applicant will supply information relating to citizenship, age, health and moral character.

#### 6. Section 6

In **Section 6**, applicant will supply information relating to high school education. Persons desiring information relating to high school equivalency diplomas (GED) may secure such information by writing to:

DEPARTMENT OF EDUCATION ATTENTION: GED PO BOX 500 TRENTON, NJ 08625-0500

#### 7. Section 7

In **Section 7**, applicant will supply information relating to college or university education. If applicant has graduated from a four-year course, s/he must submit proof of graduation with the application. Proof may consist of a diploma, a reproduction thereof, a verified true copy thereof, or a transcript of applicant's academic record. If the number of years of college education reported in **Section 7** is less than four years, the applicant must submit a transcript of his or her academic record with the application. Experience included in **Section 8** will then be considered for qualification purposes on a year-for-year basis.

#### 8. Section 8

In Section 8, applicant will supply information relating to fulltime experience in appraisal work or experience in property tax assessment work. All applicants should complete this section whether or not experience is needed as a replacement for college education. Credit for such experience may be allowed on a year-for-year basis in lieu of attendance at a recognized college or university. Supply sufficient detail to permit an accurate determination of equivalence. Information supplied is subject to verification and must be complete and accurate. An applicant must supply information as to name of employer, the dates of such employment, and the exact nature of the duties performed. An applicant with experience in property tax assessment work must supply the required information in this section, including a description of duties performed. For the purposes of this application, "experience in property tax assessment work" shall be deemed to include any of the following:

- Experience in a technical and administrative capacity in an assessor's office;
- Employment in a technical and administrative capacity with a state or county agency engaged in administration of the local property tax;
- c. Employment with an appraisal firm in a capacity requiring substantial association with and assistance to assessors and their staff with respect to the discharge of their official duties.

#### 9. **Section 9**

In **Section 9,** applicant will supply information relating to satisfactory completion of training courses for assessors. The applicant will indicate that s/he has completed a course by entering the location at which the course was given, the name of the instructor and the year in which s/he completed the course.

#### 10. Section 10

In **Section 10**, please answer the question of any prior filing(s) of an application for the Tax Assessor Certificate exam.

#### 11. Affidavit

The affidavit must be signed and **notarized**.

12. When an applicant satisfies all requirements for issuance of a Tax Assessor Certificate, s/he will receive notice thereof and request to submit the \$25 certification fee. Actual receipt of the certification fee is a prerequisite to issuance of a certificate. If an applicant fails to satisfy the requirements for admission to an examination for a Tax Assessor Certificate, s/he will be so notified in writing. The \$10 application fee will not be refunded.